

LIST OF GRANTEES (8 Grantees)					
Grantee Name	City	State	Tracking Number	BHCMIS ID	Funding Streams
COMMUNITY HEALTH CENTER OF BURLINGTON, INC.	BURLINGTON	VT	H80CS003112009	010150	CH,HCH
COMMUNITY HEALTH CENTERS OF THE RUTLAND REGION, INC	BOMOSEEN	VT	H80CS066592009	0112230	CH
COMMUNITY HEALTH SERVICES OF THE LAMOILLE VALLEY	MORRISVILLE	VT	H80CS106112009	01E00069	CH
LITTLE RIVERS HEALTH CARE, INC	BRADFORD	VT	H80CS066582009	0112220	CH
NE WASHINGTON CTY CMTY HEALTH, INC. DBA THE HEALTH CENTER	PLAINFIELD	VT	H80CS082302009	011440	CH
NORTHERN COUNTIES HEALTH CARE, INC.	SAINT JOHNSBURY	VT	H80CS006322009	010640	CH
RICHFORD HEALTH CENTER, INC.	RICHFORD	VT	H80CS002612009	013970	CH
SPRINGFIELD MEDICAL CARE SYSTEMS, INC	SPRINGFIELD	VT	H80CS128732009	01E00051	CH

TABLE 3A - Patients by Age and Gender - 2009
State - Universal - 8 Grantees

Age Groups		Male Patients (a)	Female Patients (b)	All Patients
Number of Patients				
1.	Under Age 1	613	613	1,226
2.	Age 1	501	481	982
3.	Age 2	526	456	982
4.	Age 3	537	547	1,084
5.	Age 4	513	516	1,029
6.	Age 5	582	535	1,117
7.	Age 6	564	515	1,079
8.	Age 7	560	602	1,162
9.	Age 8	522	552	1,074
10.	Age 9	531	519	1,050
11.	Age 10	584	520	1,104
12.	Age 11	579	582	1,161
13.	Age 12	527	576	1,103
14.	Age 13	550	550	1,100
15.	Age 14	582	632	1,214
16.	Age 15	629	633	1,262
17.	Age 16	651	641	1,292
18.	Age 17	706	772	1,478
19.	Age 18	695	912	1,607
20.	Age 19	629	908	1,537
Subtotal Patients (sum lines 1-20)		11,581	12,062	23,643
21.	Age 20	728	1,006	1,734
22.	Age 21	636	897	1,533
23.	Age 22	647	868	1,515
24.	Age 23	639	1,019	1,658
25.	Age 24	649	967	1,616
26.	Ages 25 - 29	3,128	4,439	7,567
27.	Ages 30 - 34	2,908	3,881	6,789
28.	Ages 35 - 39	3,020	3,910	6,930
29.	Ages 40 - 44	3,334	4,012	7,346
30.	Ages 45 - 49	3,956	4,637	8,593
31.	Ages 50 - 54	3,941	4,339	8,280
32.	Ages 55 - 59	3,639	3,960	7,599
33.	Ages 60 - 64	2,945	3,397	6,342
Subtotal Patients (sum lines 21-33)		30,170	37,332	67,502
34.	Ages 65 - 69	2,389	2,578	4,967
35.	Ages 70 - 74	1,667	1,880	3,547
36.	Ages 75 - 79	1,292	1,667	2,959
37.	Ages 80 - 84	1,032	1,367	2,399
38.	Ages 85 and over	929	1,745	2,674
Subtotal Patients (sum lines 34-38)		7,309	9,237	16,546
39.	Total Patients (sum lines 1-38)	49,060	58,631	107,691
% of Total		45.6%	54.4%	

TABLE 3B - Patients by Hispanic or Latino Identity / Race / Language - 2009
State - Universal - 8 Grantees

PATIENTS BY RACE		PATIENTS BY HISPANIC OR LATINO IDENTITY						
		Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report (c)		Total (d)		
				Number	% of Total	Number	% of Total	% of Known
Number of Patients								
1.	Asian	3	1,156			1,159	1.1%	1.6%
2a.	Native Hawaiian	0	16			16	0.0%	0.0%
2b.	Other Pacific Islander	1	46			47	0.0%	0.1%
2.	Total Hawaiian/Pacific Islander (Sum lines 2a+2b)	1	62			63	0.1%	0.1%
3.	Black/African American	11	1,513			1,524	1.4%	2.0%
4.	American Indian/Alaska native	7	616			623	0.6%	0.8%
5.	White	320	70,442			70,762	65.7%	95.0%
6.	More than one race	37	291			328	0.3%	0.4%
6a.	Total Known (Sum lines 1+2+3+4+5+6)	379	74,080			74,459		
7.	Unreported/Refused to report	369	13,961	18,902	17.6%	33,232	30.9%	
8.	Total Patients(Sum lines 1+2+3 to 7)	748	88,041	18,902	17.6%	107,691	100.0%	100.0%
9.	Total Patients	% of Known (a) 0.8%	% of Known (b) 99.2%					

PATIENTS BY LANGUAGE	Number (a)	% of Total
Number of Patients		
12. Patients best served in a language other than English	1,404	1.3%

% may not equal 100% due to rounding

TABLE 4 - Selected Patient Characteristics - 2009
State - Universal - 8 Grantees

Characteristic		Number of Patients (a)	% of Total	% of Known		
Income as Percent of Poverty Level						
1.	100% and Below	9,752	9.1%	27.0%		
2.	101 - 150%	5,578	5.2%	15.5%		
3.	151 - 200%	9,736	9.0%	27.0%		
4.	Over 200%	11,034	10.2%	30.6%		
5.	Unknown	71,591	66.5%			
6.	Total (sum lines 1-5)	107,691	100.0%			
Principal Third Party Medical Insurance Source		Ages 0 - 19 (a)	Ages 20+ (b)	TOTAL	%	
7.	None/Uninsured	2,520	9,278	11,798	11.0%	
8a.	Regular Medicaid (Title XIX)	11,780	18,584	30,364	28.2%	
8b.	CHIP Medicaid	0	0	0	0.0%	
8.	Total Medicaid (Sum lines 8a+8b)	11,780	18,584	30,364	28.2%	
9.	Medicare (Title XVIII)	9	17,758	17,767	16.5%	
10a.	Other Public Insurance Non-CHIP	0	0	0	0.0%	
10b.	Other Public Insurance CHIP	25	0	25	0.0%	
10.	Total Public Insurance (Sum lines 10a+ 10b)	25	0	25	0.0%	
11.	Private Insurance	9,309	38,428	47,737	44.3%	
12.	Total (Sum Lines 7+8+9+10+11)	23,643	84,048	107,691	100.0%	
Managed Care Utilization						
Payor Category		Medicaid (a)	Medicare (b)	Other Public Including Non- Medicaid CHIP (c)	Private (d)	Total (e)
13a. Capitated Member months		0	0	0	6,300	6,300
13b. Fee-for-service Member months		0	0	0	3,696	3,696
13c. Total Member Months (Sum lines 13a+13b)		0	0	0	9,996	9,996
Characteristics - Special Populations			Number of Patients (a)	%		
14. Migrant (330g grantees Only)			0	0.0%		
15. Seasonal (330g grantees Only)			0	0.0%		
Migrant/Seasonal (non-330 g grantees)			387	100.0%		
16. Total Migrant/Seasonal Agricultural Worker or Dependent (All Grantees Report This Line)			387	100.0%		
17. Homeless Shelter (330h grantees Only)			587	36.1%		
18. Transitional (330h grantees Only)			271	16.7%		
19. Doubling Up (330h grantees Only)			385	23.7%		
20. Street (330h grantees Only)			111	6.8%		
21. Other (330h grantees Only)			0	0.0%		
22. Unknown (330h grantees Only)			0	0.0%		
Homeless (non-330 h grantees)			273	16.8%		
23. Total Homeless (All Grantees Report This Line)			1,627	100.0%		
24. Total School Based Health Center Patients (All Grantees Report This Line)			228			
25. Total Veterans (All Grantees Report this Line)			3,537			

% may not equal 100% due to rounding

TABLE 5 - Staffing and Utilization - 2009
State - Universal - 8 Grantees

PERSONNEL BY MAJOR SERVICE CATEGORY		FTEs (a)	Clinic Visits (b)	Patients (c)
1.	Family Physicians	42.59	146,938	
2.	General Practitioners	0.30	1,337	
3.	Internists	11.22	37,430	
4.	Obstetrician/Gynecologists	2.85	3,932	
5.	Pediatricians	4.80	14,115	
7.	Other Specialty Physicians	0.60	1,257	
8.	Total Physicians (Sum lines 1-7)	62.36	205,009	
9a.	Nurse Practitioners	22.77	65,457	
9b.	Physician Assistants	19.04	59,504	
10.	Certified Nurse Midwives	2.27	968	
10a.	Total Mid-Levels (Sum lines 9a-10)	44.08	125,929	
11.	Nurses	107.70	34,075	
12.	Other Medical Personnel	35.43		
13.	Laboratory Personnel	6.20		
14.	X-Ray Personnel	6.90		
15.	Total Medical Services (Sum lines 8+10a through 14)	262.67	365,013	92,378
16.	Dentists	12.02	26,975	
17.	Dental Hygienists	14.27	21,148	
18.	Dental Assistants, Aides, Techs	22.81		
19.	Total Dental Services (Sum lines 16-18)	49.10	48,123	18,963
20a.	Psychiatrists	2.22	5,087	
20a1.	Licensed Clinical Psychologists	1.92	2,812	
20a2.	Licensed Clinical Social Workers	13.93	15,861	
20b.	Other Licensed Mental Health Providers	0.71	649	
20c.	Other Mental Health Staff	0.50	0	
20.	Total Mental Health Services (Sum lines 20a-20c)	19.28	24,409	4,669
21.	Substance Abuse Services	3.40	2,486	717
22.	Other Professional Services	0.05	198	181
23.	Pharmacy Personnel	4.94		
24.	Case Managers	8.41	5,310	
25.	Patient/Community Education Specialists	0.34	200	
26.	Outreach Workers	2.76		
27.	Transportation Staff	0.43		
27a.	Eligibility Assistance Workers	2.48		
27b.	Interpretation Staff	0.00		
28.	Other Enabling Services	0.00		
29.	Total Enabling Services (Sum lines 24-28)	14.42	5,510	2,306
29a.	Other Programs/Services	2.37		
30a.	Management and Support Staff	103.55		
30b.	Fiscal and Billing Staff	54.38		
30c.	IT Staff	14.11		
30.	Total Administrative Staff (Sum lines 30a-30c)	172.04		
31.	Facility Staff	9.55		
32.	Patient Support Staff	103.39		
33.	Total Administrative & Facility (Sum lines 30-32)	284.98		
34.	Total (Sum lines 15+19+20+21+22+23+29+29a+33)	641.21	445,739	

Visits are shown only for personnel that generate reportable visits
 Subtotals may differ from the sum of cells due to rounding

TABLE 5 - Staffing and Utilization - 2009
State - Universal - 8 Grantees

PERSONNEL BY MAJOR SERVICE CATEGORY		FTEs		Visits	
		% Group	% Total	% Group	% Total
1.	Family Physicians	16.2%	6.6%	40.3%	33.0%
2.	General Practitioners	0.1%	0.0%	0.4%	0.3%
3.	Internists	4.3%	1.7%	10.3%	8.4%
4.	Obstetrician/Gynecologists	1.1%	0.4%	1.1%	0.9%
5.	Pediatricians	1.8%	0.7%	3.9%	3.2%
7.	Other Specialty Physicians	0.2%	0.1%	0.3%	0.3%
8.	Total Physicians (Sum lines 1-7)	23.7%	9.7%	56.2%	46.0%
9a.	Nurse Practitioners	8.7%	3.6%	17.9%	14.7%
9b.	Physician Assistants	7.2%	3.0%	16.3%	13.3%
10.	Certified Nurse Midwives	0.9%	0.4%	0.3%	0.2%
10a.	Total Mid-Levels (Sum lines 9a-10)	16.8%	6.9%	34.5%	28.3%
11.	Nurses	41.0%	16.8%	9.3%	7.6%
12.	Other Medical Personnel	13.5%	5.5%		
13.	Laboratory Personnel	2.4%	1.0%		
14.	X-Ray Personnel	2.6%	1.1%		
15.	Total Medical (Sum lines 8+10a through 14)	100.0%	41.0%	100.0%	81.9%
16.	Dentists	24.5%	1.9%	56.1%	6.1%
17.	Dental Hygienists	29.1%	2.2%	43.9%	4.7%
18.	Dental Assistance,Aides,Techs	46.5%	3.6%		
19.	Total Dental Services (Sum lines 16-18)	100.0%	7.7%	100.0%	10.8%
20a.	Psychiatrists	11.5%	0.3%	20.8%	1.1%
20a1.	Licensed Clinical Psychologists	10.0%	0.3%	11.5%	0.6%
20a2.	Licensed Clinical Social Workers	72.3%	2.2%	65.0%	3.6%
20b.	Other Licensed Mental Health Providers	3.7%	0.1%	2.7%	0.1%
20c.	Other Mental Health Staff	2.6%	0.1%	0.0%	0.0%
20.	Mental Health (Sum lines 20a-c)	100.0%	3.0%	100.0%	5.5%
21.	Substance Abuse Services	100.0%	0.5%	100.0%	0.6%
22.	Other Professional Services	100.0%	0.0%	100.0%	0.0%
23.	Pharmacy Personnel	100.0%	0.8%		
24.	Case Managers	58.3%	1.3%	96.4%	1.2%
25.	Patient/Community Education Specialists	2.4%	0.1%	3.6%	0.0%
26.	Outreach Workers	19.1%	0.4%		
27.	Transportation Staff	3.0%	0.1%		
27a.	Eligibility Assistance Workers	17.2%	0.4%		
27b.	Interpretation Staff	0.0%	0.0%		
28.	Other Enabling Services	0.0%	0.0%		
29.	Total Enabling Services (Sum lines 24-28)	100.0%	2.2%	100.0%	1.2%
29a.	Other Programs/Services	100.0%	0.4%		

Clinic visits are shown only for personnel that generate reportable visits
Subtotals may differ from the sum of cells due to rounding
% may not equal 100% due to rounding

TABLE 5 - Staffing and Utilization - 2009
State - Universal - 8 Grantees

PERSONNEL BY MAJOR SERVICE CATEGORY		FTEs		Visits	
		% Group	% Total	% Group	% Total
30a.	Management and Support Staff	36.3%	16.1%		
30b.	Fiscal and Billing Staff	19.1%	8.5%		
30c.	IT Staff	5.0%	2.2%		
30.	Total Administrative Staff (Sum lines 30a-30c)	60.4%	26.8%		
31.	Facility Staff	3.4%	1.5%		
32.	Patient Support Staff	36.3%	16.1%		
33.	Total Administrative & Facility (Sum lines 30-32)	100.0%	44.4%		
34.	Total (Sum lines 15+19+20+21+22+23+29+29a+33)		100.0%		100.0%

Clinic Visits are shown only for personnel that generate reportable visits
Subtotals may differ from the sum of cells due to rounding
% may not equal 100% due to rounding

TABLE 6A - Selected Diagnoses and Services Rendered - 2009
State - Universal - 8 Grantees

Diagnostic Category		Applicable ICD - 9 - CM Codes	Number of Visits by Primary Diagnosis (a)	Number of Patients with Primary Diagnosis (b)	Visits Per Patient
Selected Infectious and Parasitic Diseases					
1.	Symptomatic HIV	042; 079.53	22	14	1.57
2.	Asymptomatic HIV	V08	0	0	-
3.	Tuberculosis	010.xx - 018.xx	14	11	1.27
4.	Syphilis and other sexually transmitted diseases	090.xx - 099.xx	91	75	1.21
Selected Diseases of the Respiratory System					
5.	Asthma	493.xx	4,095	2,804	1.46
6.	Chronic bronchitis and Emphysema	490.xx - 492.xx	2,537	1,703	1.49
Selected Other Medical Conditions					
7.	Abnormal Breast Findings,Female	174.xx; 198.81; 233.0x; 238.3; 793.8x	157	111	1.41
8.	Abnormal Cervical Findings	180.xx; 198.82; 233.1x; 795.0x	474	392	1.21
9.	Diabetes Mellitus	250.xx; 648.0x; 775.1x;	17,018	6,031	2.82
10.	Heart Disease (selected)	391.xx - 392.0x 410.xx - 429.xx	14,118	3,861	3.66
11.	Hypertension	401.xx - 405.xx;	19,296	10,325	1.87
12.	Contact Dermatitis and other Eczema	692.xx	2,340	1,987	1.18
13.	Dehydration	276.5x	162	114	1.42
14.	Exposure to Heat or Cold	991.xx - 992.xx	62	44	1.41
14a.	Overweight and obesity	ICD-9 : 278.0 – 278.02 or V85.xx (Excluding V85.0, V85.1, V85.51 V85.52)	881	650	1.36
Selected Childhood Conditions					
15.	Otitis Media and Eustachian Tube Disorders	381.xx - 382.xx	5,903	4,657	1.27
16.	Selected Perinatal Medical Conditions	770.xx; 771.xx; 773.xx; 774.xx - 779.xx (Excluding 779.3x)	142	110	1.29
17.	Lack of Expected Normal Physiological Development (Such as delayed milestone;Failure to gain weight;Failure to thrive)- does not include sexual or mental development;Nutritional Deficiencies	260.xx - 269.xx; 779.3x; 783.3x - 783.4x;	1,091	644	1.69

TABLE 6A - Selected Diagnoses and Services Rendered - 2009
State - Universal - 8 Grantees

Diagnostic Category		Applicable ICD - 9 - CM Codes	Number of Visits by Primary Diagnosis (a)	Number of Patients with Primary Diagnosis (b)	Visits Per Patient
Selected Mental Health and Substance Abuse Conditions					
18.	Alcohol Related Disorders	291.xx; 303.xx; 305.0x; 357.5x	2,269	619	3.67
19.	Other Substance Related Disorders (Excludes Tobacco Use Disorders)	292.1x - 292.8x; 304.xx; 305.2x - 305.9x; 357.6x; 648.3x	4,874	938	5.20
19a.	Tobacco Use Disorders	305.1	1,005	830	1.21
20a.	Depression and Other Mood Disorders	296.xx; 300.4 301.13; 311.xx	18,432	6,288	2.93
20b.	Anxiety Disorders Including PTSD	300.0x; 300.2x; 300.3; 308.3; 309.81;	9,656	3,703	2.61
20c.	Attention Deficit and Disruptive Behavior Disorders	312.8x; 312.9x; 313.81; 314.xx	4,907	1,585	3.10
20d.	Other Mental Disorders, Excluding Drug or Alcohol Dependence (includes mental retardation)	290.xx; 293.xx - 302.xx (Excluding 296.xx; 300.0x; 300.2x; 300.3; 300.4; 301.13); 306.xx - 319.xx (Excluding 308.3; 309.81; 311.xx; 312.8x; 312.9x; 313.81; 314.xx)	8,368	3,166	2.64

TABLE 6A - Selected Diagnoses and Services Rendered - 2009
State - Universal - 8 Grantees

Service Category		Applicable ICD - 9 - CM Codes	Number of Visits (a)	Number of Patients (b)	Visits Per Patient
Selected Diagnostic Tests/Screening/Preventive Services					
21.	HIV Test	CPT - 4: 86689; 86701 - 86703; 87390 - 87391	655	624	1.05
22.	Mammogram	CPT-4: 77052, 77057 OR ICD-9: V76.11; V76.12	54	51	1.06
23.	Pap Test	CPT - 4: 88141 - 88155; 88164 - 88167; 88174 - 88175 OR ICD - 9: V72.3; V72.31; V76.2	6,233	5,836	1.07
24.	Selected Immunizations (Hepatitis A, Hemophilus Influenza B (HiB), Influenza virus, Pneumococcal Diptheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	CPT - 4: 90633 - 90634, 90645 - 90648; 90669; 90696 - 90702; 90704 - 90716; 90718 - 90723; 90743 - 90744; 90748	19,660	14,185	1.39
24a.	Seasonal Flu Vaccine	CPT-4: 90655 - 90662	16,805	13,973	1.20
24b.	H1N1 Flu Vaccine	CPT-4: 90663; 90470	9,036	7,270	1.24
25.	Contraceptive Management	ICD - 9: V25.xx CPT - 4: 99391 - 99393;	3,663	2,389	1.53
26.	Health Supervision of Infant or Child (ages 0 through 11)	99381 - 99383;	14,206	7,442	1.91
26a.	Childhood lead test screening (Ages 9 to 72 months)	CPT-4: 83655	197	172	1.15
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408-99409	0	0	-
26c.	Smoke and tobacco use cessation counseling	CPT-4: 99406 and 99407; S9075	683	324	2.11

TABLE 6A - Selected Diagnoses and Services Rendered - 2009
State - Universal - 8 Grantees

Service Category		Applicable ADA Code	Number of Visits (a)	Number of Patients (b)	Visits Per Patient
Selected Dental Services					
27.	I. Emergency Services	ADA: D9110	1,538	853	1.80
28.	II. Oral Exams	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0180	27,519	15,442	1.78
29.	Prophylaxis - Adult or Child	ADA: D1110, D1120	23,360	11,958	1.95
30.	Sealants	ADA: D1351	3,442	1,286	2.68
31.	Fluoride Treatment - adult or child	ADA: D1203, D1204, D1206	12,416	5,210	2.38
32.	III. Restorative Services	ADA: D21xx - D29xx	21,934	8,375	2.62
33.	IV. Oral Surgery (Extractions and other Surgical Procedures)	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7260, D7261, D7270, D7272, D7280	7,262	4,197	1.73
34.	V. Rehabilitation Services (Endo,Perio,Prosthodontics,Orhto)	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	5,464	2,447	2.23

TABLE 6B - Quality of Care Indicators - 2009
State - Universal - 8 Grantees

SECTION A - AGE CATEGORIES FOR PRENATAL PATIENTS (GRANTEES WHO PROVIDE PRENATAL CARE ONLY)				
DEMOGRAPHIC CHARACTERISTICS OF PRENATAL CARE PATIENTS				
AGE		Number of Patients (a)	Percent	
1.	Less than 15 Years	5	0.6%	
2.	Ages 15 - 19	84	9.4%	
3.	Ages 20 - 24	227	25.3%	
4.	Ages 25 - 44	581	64.8%	
5.	Ages 45 and Over	0	0.0%	
6.	Total Patients (Sum lines 1-5)	897	100.0%	

SECTION B - TRIMESTER OF ENTRY INTO PRENATAL CARE				
Trimester of First Known Visit for Women Receiving Prenatal Care During Reporting Year		Women Having First Visit with Grantee		% Total
		(a)	%	
7.	First Trimester	689	76.8%	79.0%
8.	Second Trimester	177	19.7%	20.1%
9.	Third Trimester	8	0.9%	0.9%

SECTION C - CHILDHOOD IMMUNIZATION RATE			
Childhood Immunization Rate		Total Number Patients with 2nd Birthday During Measurement Year (a)	Estimated % patients immunized (c)
10.	Number of children who have received required vaccines who had their 2nd birthday during measurement year	800	72.5%

SECTION D - PAP TEST			
Pap Test		Total Number of Female Patients 24-64 Years of Age (a)	Estimated % patients tested (c)
11.	Number of female patients aged 24-64 who had at least one PAP test performed during the measurement year or during one of the previous two years	30,202	54.3%

% may not equal 100% due to rounding

The childhood immunization and Pap test rates are based on the total of the estimated number of patients tested or immunized for each health center divided by the total number patients in the applicable category (i.e., the universe) for each measure.

TABLE 7 - Health Outcomes and Disparities - 2009
State - Universal - 8 Grantees

Total (i)								
HIV Positive Pregnant Women	0							
	-							
Section A: DELIVERIES AND BIRTH WEIGHT								
	Prenatal care patients who delivered during the year		Deliveries performed by Grantee Provider		Live Births < 1500 grams	Live Births 1500-2499 grams	Live Births >= 2500 grams	% Low and Very Low Birth Weight
By Race								
Asian (a)	17	3.0%			0	1	16	5.9%
Native Hawaiian (b1)	0	0.0%			0	0	0	-
Pacific Islander (b2)	2	0.4%			0	1	1	50.0%
Black/ African American (c)	15	2.7%			0	0	15	0.0%
American Indian/ Alaska Native (d)	0	0.0%			0	0	0	-
White (e)	522	93.4%			1	21	507	4.2%
More than one race (f)	1	0.2%			0	0	1	0.0%
Race Unreported/ Refused to Report (g)	2	0.4%			0	0	2	0.0%
Sub-total (Sum a+b1+b2+c+d+e+f+g)	559	100.0%			1	23	542	4.2%
By Hispanic/Latino Identity								
Hispanic/Latino (c1)	6	1.1%			0	0	6	0.0%
Non-Hispanic/Latino (c2)	553	98.9%			1	23	536	4.3%
Sub-total (Sum c1 + c2)	559	100.0%			1	23	542	4.2%
Unreported / Refused to Report Race and Ethnicity (h)	0	0.0%			0	0	0	-
Total (i)	559	100.0%	278	100.0%	1	23	542	4.2%

* % shown are rounded to the .1% level for table display purposes; calculations are made using % to 8 decimal places

TABLE 7 - Health Outcomes and Disparities - 2009
State - Universal - 8 Grantees

SECTION B: HYPERTENSION		
Patients 18 to 85 diagnosed with hypertension whose last blood pressure was less than 140/90		
	Total hypertensive patients	Estimated % Patients with Controlled Blood Pressure
By Race		
Asian (a)	87	
Native Hawaiian (b1)	1	
Pacific Islander (b2)	1	
Black/ African American (c)	105	
American Indian/ Alaska Native (d)	110	
White (e)	9,934	
More than one race (f)	14	
Race Unreported/ Refused to Report (g)	196	
Sub-total (Sum a+b1+b2+c+d+e+f+g)	10,448	
By Hispanic/Latino Identity		
Hispanic/Latino (c1)	68	
Non-Hispanic/Latino (c2)	10,380	
Sub-total (Sum c1 + c2)	10,448	
Unreported / Refused to Report Race and Ethnicity (h)	5,669	
Total (i)	16,117	67.1%

* % shown are rounded to the .1% level for table display purposes; calculations are made using % to 8 decimal places

** % by race are low estimates, not adjusted at the grantee level for samples with zero patients in racial categories.

TABLE 7 - Health Outcomes and Disparities - 2009
State - Universal - 8 Grantees

SECTION C: DIABETES			
Patients 18 to 75 diagnosed with Type I or Type II diabetes: Most recent test results			
	Total patients with diabetes	Estimated % Patients with Hba1c <= 9%	Estimated % Patients with Hba1c < 7%
By Race			
Asian (a)	48		
Native Hawaiian (b1)	0		
Pacific Islander (b2)	1		
Black/ African American (c)	51		
American Indian/ Alaska Native (d)	40		
White (e)	4,953		
More than one race (f)	4		
Race Unreported/ Refused to Report (g)	90		
Sub-total (Sum a+b1+b2+c+d+e+f+g)	5,187		
By Hispanic/Latino Identity			
Hispanic/Latino (c1)	56		
Non-Hispanic/Latino (c2)	5,131		
Sub-total (Sum c1 + c2)	5,187		
Unreported / Refused to Report Race and Ethnicity (h)	1,388		
Total (i)	6,575	84.0%	49.9%

* % shown are rounded to the .1% level for table display purposes; calculations are made using % to 8 decimal places

** % by race are low estimates, not adjusted at the grantee level for samples with zero patients in racial categories.

TABLE 8A - Financial Costs - 2009
State - Universal - 8 Grantees

	Accrued Cost (a)	Allocation of Facility and Administration (b)	Total Cost After Allocation of Facility and Administration (c)
Financial Costs for Medical Care			
1. Medical Staff	25,463,174	13,065,711	38,528,885
2. Lab and X-ray	1,121,770	522,929	1,644,699
3. Medical/Other Direct	3,743,750	1,579,349	5,323,099
4. Total Medical Care Services (Sum lines 1-3)	30,328,694	15,167,989	45,496,683
Financial Costs for Other Clinical Services			
5. Dental	6,413,322	2,773,825	9,187,147
6. Mental Health	1,722,787	896,783	2,619,570
7. Substance Abuse	368,623	121,283	489,906
8a. Pharmacy not including pharmaceuticals	483,498	316,019	799,517
8b. Pharmaceuticals	1,425,920		1,425,920
9. Other Professional	7,711	3,905	11,616
10. Total Other Clinical Services (Sum lines 5-9)	10,421,861	4,111,815	14,533,676
Financial Costs of Enabling and Other Program Related Services			
11a. Case Management	508,206		508,206
11b. Transportation	16,207		16,207
11c. Outreach	164,954		164,954
11d. Patient and Community Education	54,526		54,526
11e. Eligibility Assistance	198,420		198,420
11f. Interpretation Services	273,504		273,504
11g. Other Enabling Services	0		0
11. Total Enabling Services Cost (Sum lines 11a-11g)	1,215,817	495,897	1,711,714
12. Other Related Services	855,773	84,228	940,001
13. Total Enabling and Other Services (Sum lines 11-12)	2,071,590	580,125	2,651,715
Overhead and Totals			
14. Facility	4,062,978		
15. Administration	15,796,951		
16. Total Overhead (Sum lines 14-15)	19,859,929		
17. Total Accrued Costs (Sum lines 4+10+13+16)	62,682,074		62,682,074
18. Value of Donated Facilities, Services and Supplies			756,018
19. Grand Total including Donations (Sum lines 17-18)			63,438,092

% may not equal 100% due to rounding

TABLE 8A - Financial Costs - 2009
State - Universal - 8 Grantees

Services		Direct Accrued Cost (a)		Cost (c)
		% of Category	% of Total	Includes Overhead** % of Total
Financial Costs for Medical Care				
1.	Medical Staff	84.0%	40.6%	61.5%
2.	Lab and X-ray	3.7%	1.8%	2.6%
3.	Medical/Other Direct	12.3%	6.0%	8.5%
4.	Total Medical Care Services (Sum lines 1-3)	100.0%	48.4%	72.6%
Financial Costs for Other Clinical Services				
5.	Dental	61.5%	10.2%	14.7%
6.	Mental Health	16.5%	2.7%	4.2%
7.	Substance Abuse	3.5%	0.6%	0.8%
8a.	Pharmacy not including pharmaceuticals	4.6%	0.8%	1.3%
8b.	Pharmaceuticals	13.7%	2.3%	2.3%
9.	Other Professional	0.1%	0.0%	0.0%
10.	Total Other Clinical Services (Sum lines 5-9)	100.0%	16.6%	23.2%
Financial Costs of Enabling and Other Program Related Services				
11a.	Case Management	24.5%	0.8%	0.8%
11b.	Transportation	0.8%	0.0%	0.0%
11c.	Outreach	8.0%	0.3%	0.3%
11d.	Patient and Community Education	2.6%	0.1%	0.1%
11e.	Eligibility Assistance	9.6%	0.3%	0.3%
11f.	Interpretation Services	13.2%	0.4%	0.4%
11g.	Other Enabling Services	0.0%	0.0%	0.0%
11.	Total Enabling Services Cost (Sum lines 11a-11g)	58.7%	1.9%	2.7%
12.	Other Related Services	41.3%	1.4%	1.5%
13.	Total Enabling and Other Services (Sum lines 11-12)	100.0%	3.3%	4.2%
Overhead and Totals				
14.	Facility	20.5%	6.5%	
15.	Administration	79.5%	25.2%	
16.	Total Overhead (Sum lines 14-15)	100.0%	31.7%	
17.	Total Accrued Costs (Sum lines 4+10+13+16)	100.0%	100.0%	100.0%
18.	Value of Donated Facilities, Services and Supplies (as % of direct costs - line 17)			1.2%

% may not equal 100% due to rounding

** Total Cost After Allocation of facility and Administration % of Total.

TABLE 9D -Patient Related Revenue (Scope of Project Only) - 2009
State - Universal - 8 Grantees

Payor Category		Charges			Collections			
		Full Charges This Period (a)	% of Payor	% of Total	Amount Collected This Period (b)	% of Payor	% of Total	% of Charges
1.	Medicaid Non-Managed Care	22,997,713	100.0%	34.4%	19,711,175	100.0%	40.6%	85.7%
2a.	Medicaid Managed Care (capitated)	0	0.0%	0.0%	0	0.0%	0.0%	-
2b.	Medicaid Managed Care (fee-for-service)	0	0.0%	0.0%	0	0.0%	0.0%	-
3.	Total Medicaid (Sum lines 1+2a+2b)	22,997,713	100.0%	34.4%	19,711,175	100.0%	40.6%	85.7%
4.	Medicare Non-Managed Care	12,052,760	100.0%	18.0%	8,083,720	100.0%	16.6%	67.1%
5a.	Medicare Managed Care (capitated)	0	0.0%	0.0%	0	0.0%	0.0%	-
5b.	Medicare Managed Care (fee-for-service)	0	0.0%	0.0%	0	0.0%	0.0%	-
6.	Total Medicare (Sum lines 4+5a+5b)	12,052,760	100.0%	18.0%	8,083,720	100.0%	16.6%	67.1%
7.	Other Public including Non-Medicaid CHIP (Non Managed Care)	73,475	58.0%	0.1%	33,077	91.5%	0.1%	45.0%
8a.	Other Public including Non-Medicaid CHIP (Managed Care Capitated)	0	0.0%	0.0%	0	0.0%	0.0%	-
8b.	Other Public including Non-Medicaid CHIP (Managed Care fee-for-service)	53,161	42.0%	0.1%	3,056	8.5%	0.0%	5.7%
9.	Total Other Public (Sum lines 7+8a+8b)	126,636	100.0%	0.2%	36,133	100.0%	0.1%	28.5%
10.	Private Non-Managed Care	22,365,331	98.2%	33.4%	15,174,196	98.7%	31.2%	67.8%
11a.	Private Managed Care (Capitated)	216,826	1.0%	0.3%	99,278	0.6%	0.2%	45.8%
11b.	Private Managed Care (fee-for-service)	190,730	0.8%	0.3%	92,893	0.6%	0.2%	48.7%
12.	Total Private (Sum lines 10+11a+11b)	22,772,887	100.0%	34.0%	15,366,367	100.0%	31.6%	67.5%
13.	Self Pay	8,942,404	100.0%	13.4%	5,398,480	100.0%	11.1%	60.4%
14.	Grand Total (Sum lines 3+6+9+12+13)	66,892,400		100.0%	48,595,875		100.0%	72.6%

% may not equal 100% due to rounding

TABLE 9D -Patient Related Revenue (Scope of Project Only) - 2009
State - Universal - 8 Grantees

Payor Category	Retroactive Settlements, Receipts, and Paybacks (c)						Allowances	
	Collection of recon./wrap around Current Year (c1)	Collection of recon./wrap around Previous Years (c2)	Collection of other retroactive payments (c3)	Penalty/ Payback (c4)	Net Retros	Net Retros % of Charges	Allowances (d)	Allowances % of Charges
1. Medicaid Non-Managed Care	632,906	560,134		97,319	1,095,721	4.8%	2,569,962	11.2%
2a. Medicaid Managed Care (capitated)	0	0	0	0	0	-	0	-
2b. Medicaid Managed Care (fee-for-service)	0	0	0	0	0	-	0	-
3. Total Medicaid (Sum lines 1+2a+2b)	632,906	560,134	0	97,319	1,095,721	4.8%	2,569,962	11.2%
4. Medicare Non-Managed Care	51,958	175,325		0	227,283	1.9%	2,857,121	23.7%
5a. Medicare Managed Care (capitated)	0	0	0	0	0	-	0	-
5b. Medicare Managed Care (fee-for-service)	0	0	0	0	0	-	0	-
6. Total Medicare (Sum lines 4+5a+5b)	51,958	175,325	0	0	227,283	1.9%	2,857,121	23.7%
7. Other Public including Non-Medicaid CHIP (Non Managed Care)	0	0		0	0	0.0%	26,197	35.7%
8a. Other Public including Non-Medicaid CHIP (Managed Care Capitated)	0	0	0	0	0	-	0	-
8b. Other Public including Non-Medicaid CHIP (Managed Care fee-for-service)	0	0	0	0	0	0.0%	44,699	84.1%
9. Total Other Public (Sum lines 7+8a+8b)	0	0	0	0	0	0.0%	70,896	56.0%

% may not equal 100% due to rounding

TABLE 9D -Patient Related Revenue (Scope of Project Only) - 2009
State - Universal - 8 Grantees

Payor Category		Retroactive Settlements, Receipts, and Paybacks (c)					Allowances		
		Collection of recon./wrap around Current Year (c1)	Collection of recon./wrap around Previous Years (c2)	Collection of other retroactive payments (c3)	Penalty/ Payback (c4)	Net Retros	Net Retros % of Charges	Allowances (d)	Allowances % of Charges
10.	Private Non-Managed Care				0	0	0.0%	5,960,237	26.6%
11a.	Private Managed Care (Capitated)			0	0	0	0.0%	114,912	53.0%
11b.	Private Managed Care (fee-for-service)			12,497	0	12,497	6.6%	70,151	36.8%
12.	Total Private (Sum lines 10+11a+11b)			12,497	0	12,497	0.1%	6,145,300	27.0%
13.	Self Pay								
14.	Grand Total (Sum lines 3+6+9+12+13)	684,864	735,459	12,497	97,319	1,335,501	2.0%	11,643,279	17.4%

13. Self Pay		Sliding Discounts (e)				Bad Debt Write Off (f)			
		2,853,257				1,420,074			

% may not equal 100% due to rounding

TABLE 9E -Other Revenues - 2009
State - Universal - 8 Grantees

Source	Amount (a)	% Group Total
BPHC Grants (Enter Amount Drawn Down - Consistent with PMS-272)		
1a. Migrant Health Center	0	0.0%
1b. Community Health Center	5,919,404	90.9%
1c. Health Care for the Homeless	594,222	9.1%
1e. Public Housing Primary Care	0	0.0%
1g. Total Health Center Cluster (Sum lines 1a through 1e)	6,513,626	100.0%
1j. Capital Improvement Program Grants	0	0.0%
1. Total BPHC Grants (Sum lines 1g+1h+1i+1j)	6,513,626	100.0%
Other Federal Grants		
2. Ryan White Part C HIV Early Intervention	0	0.0%
3. Other Federal Grants	94,352	5.4%
4. American Recovery and Reinvestment Act (ARRA) New Access Point (NAP) and Increased Demand for Services (IDS)	895,533	51.2%
4a. American Recovery and Reinvestment Act (ARRA) Capital Improvement Project (CIP) and Facility Investment Program (FIP)	759,394	43.4%
5. Total Other Federal Grants (Sum Lines 2-4a)	1,749,279	100.0%
Non-Federal Grants Or Contracts		
6. State Government Grants and Contracts	498,786	14.1%
6a. State/Local Indigent Care Programs	82,128	2.3%
7. Local Government Grants and Contracts	32,733	0.9%
8. Foundation/Private Grants and Contracts	2,936,398	82.7%
9. Total Non-Federal Grants Or Contracts (Sum lines 6+6a+7+8)	3,550,045	100.0%
10. Other Revenue (Non-patient related revenue not reported elsewhere)	2,652,079	100.0%
11. Grand Total Revenue (Sum lines 1+5+9+10)	14,465,029	

% may not equal 100% due to rounding